

MAR 14 1921  
Medical Lib.

# THE RHODE ISLAND MEDICAL JOURNAL



Owned and Published by the Rhode Island Medical Society. Issued Monthly

VOLUME IV }  
NUMBER 3 } Whole No. 138

PROVIDENCE, R. I., MARCH, 1921

PER YEAR \$2.00  
SINGLE COPY 25 CENTS

## CONTENTS

### ORIGINAL ARTICLES

- The Radical Treatment of Trifacial Neuralgia  
Frank E. McEvoy, M.D., F.A.C.S. . . . . 37
- Address of the Retiring President of the Kent  
County Medical Society. Frank Bailey Smith, M.D. . . . . 39
- Cycloplegia in Refraction. Frank J. McCabe, M.D. . . . . 43

### EDITORIALS

- "Lafayette, Nous Voici" . . . . . 46
- Prescribing by Nurses. . . . . 47
- Tuberculosis in Rhode Island . . . . . 47
- Physical Remedies . . . . . 48
- Vaccination . . . . . 48
- Personal—"To Every Physician in Rhode Island" . . . . . 49

### SOCIETY MEETINGS

- Providence Medical Association . . . . . 50
- Section in Medicine of the Rhode Island Medical Society . . . . . 51
- Washington County Medical Society . . . . . 52

### HOSPITALS

- Rhode Island Hospital . . . . . 52
- Memorial Hospital . . . . . 52
- St. Joseph's Hospital . . . . . 52
- Ether and Lavender . . . . . 52
- Book Reviews . . . . . 45-53

ENTERED AS SECOND-CLASS MATTER AT THE POST OFFICE AT PROVIDENCE, R. I., UNDER ACT OF MARCH 3, 1879



## HEADQUARTERS

Our facilities make us headquarters for the Endocrine  
Gland and Organotherapeutic products.

Pituitary Liquid  
½ c. c. and 1 c.  
c. ampoules, 6 in  
box.

Pituitary powder  
and tablets. Anterior Pituitary Powder & Tabs. Posterior Pituitary Powder and Tabs.

Corpus Luteum (true) powder and 2 and 5 grain Tabs, and 2 and 5 grain capsules.

Pepsin, U. S. P. scale, granular and powder.

Pancreatin, U. S. P. Powder.

**E**LIXIR OF ENZYMES is a palatable preparation of the proteolytic and curdling ferments that act in acid medium. It is recommended as an aid to digestion and as a gastric tonic generally.

Elixir of Enzymes is of special service in correcting faulty proteid metabolism which is one of the principal causes of autointoxication.

Elixir of Enzymes is an excellent adjuvant and vehicle for exhibiting iodids, bromids, salicylates and other drugs that disturb the digestive functions. One dram of Elixir Enzymes will carry 46 grains of potassium iodid or 45 grains of sodium salicylate or 17 grains of potassium bromid.

Elixir of Enzymes contains the curdling ferment and may be used for making junket or curds and whey. Add one teaspoonful of the Elixir to half pint of lukewarm milk, stir thoroughly and let stand till cool.

For minimizing the organic disturbances and eliminating the corrosive effect of potassium iodid on the mucous membrane of the stomach as well as disguising the taste, the following combination is recommended:

Potassium Iodid, 2 ounces.

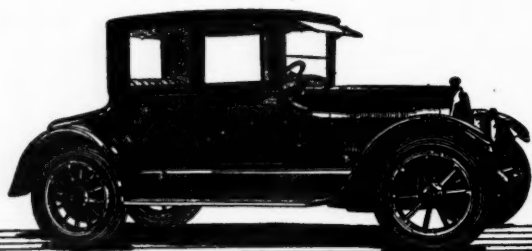
Distilled water, enough to make two fluid ounces.

To exhibit, for instance, 20 grains of potassium iodid three times daily, use one teaspoonful of Elixir of Enzymes, one teaspoonful of the above solution to half-pint of lukewarm milk; stir thoroughly and let stand until cool. Take one-third of this quantity as a dose. This junket should be made up fresh every morning.

**ARMOUR AND COMPANY**

CHICAGO

5702



A WOMAN can drive the Cadillac in ease and comfort without worrying about what's going on under the hood. That the wives and daughters of Cadillac owners appreciate this, is evidenced every day on our city streets and country roads.

## Cadillac Auto Company of Rhode Island

ARTHUR J. FELTHAM, Manager

9 FEDERAL STREET, PROVIDENCE, R. I.

## Goodyear Cord Tires

Tire Repairing

CORP BROS.

40 Mathewson St. Providence, R. I.

## Zymoline

An antiseptic and germicide Inhalant

## Zymoline Oil Spray

For atomizing the Nose and Throat

EDWIN P. ANTHONY

Providence, R. I.

# THE RHODE ISLAND MEDICAL JOURNAL

The Official Organ of the Rhode Island Medical Society  
Issued Monthly under the direction of the Publication Committee

VOLUME IV }  
NUMBER 3 } Whole No. 138

PROVIDENCE, R. I., MARCH, 1921

PER YEAR \$2.00  
SINGLE COPY 25 CENTS

## ORIGINAL ARTICLES

### THE RADICAL TREATMENT OF TRIFACIAL NEURALGIA.\*

By FRANK E. McEVoy, M. D., F. A. C. S.,  
Providence, R. I.

The radical operation for the relief of trifacial neuralgia has long been looked upon as a most formidable surgical procedure. It is described in a standard text-book of surgery as being "bloody, difficult and dangerous," and no doubt formerly deserved this reputation. In recent years, however, with gradual refinements in technique, the development and improvement of certain special instruments, chief among them being the retractor equipped with lights, this operation is a safe and efficient procedure, and, in the hands of men specially trained in this branch of surgery, the results compare favorably with those of any major abdominal operation. The writer has assisted at forty-seven consecutive operations without a death and at ninety-five in which there were but four deaths, surely a creditable mortality record. These results are largely due to the pioneer work of Hartley, Cushing and Frazier in this country, and to Hutchinson, Horsely and Krause abroad. The greater the experience of the surgeon in this operation, the smaller will be the mortality. Knowledge of the region and parts, dexterity from frequent repetitions and special training count for much.

Of all the nerves, the trigeminus is the most liable to neuralgia. The treatment of this painful affliction has varied from many palliative to the most drastic methods, and I think we may safely say that, with the exception of deep alcohol injections, the palliative measures have been of little value, and the radical intracranial operation has been attended in the past with so many

complications that it has been recommended only as a last resort.

The etiology of the disease is unknown. Frazier thought it due to sclerotic lesion of the ganglion; Sir Victor Horsely thought it due to ascending dental infection, but this is probably not so because there is no anesthesia and also no paralysis of the motor branch. Dana thought it due to degenerative changes in the ganglion. Sluder has reported cases which he thought due to recurring infection in the sphenoidal sinus. It is a very common thing to see patients who have had teeth extracted, repeated drainage of the accessory sinuses, and operations on the septum, who have recurring attacks of trifacial neuralgia. The diagnosis of the condition rarely presents difficulties. It is distinguished from all other pain about the head and face by the severity and brevity of the pain, which is brought on by peripheral irritation such as eating, talking, drinking, exposure to drafts, brushing the teeth, etc. The patients describe the pain as shooting, stabbing, boring, darting or burning as if a red hot poker were thrust into the face. The disease usually occurs from the third to the fifth decade. Patrick has reported a case beginning at the age of seven and three which were over seventy-five. There seem to be no predisposing factors and the disease is not hereditary.

Before the use of deep alcohol injections, many drugs were used in the treatment, among them aconite, belladonna, morphine, salicylates and various courses of catharsis. Local operations, such as the removal of teeth, drainage of the antra, treatment of the nose and pharynx with local applications were used, and these methods are still employed to a large extent. Avulsion of the peripheral divisions of the fifth nerve with the insertion of plugs or screws into the infra-orbital and dental foramina is also employed. It has been shown that these peripheral operations give relief for an average of eight months

\*Read before the Providence Medical Association, December 6, 1920.

and that they are not satisfactory for the reason that the pain is apt to recur before the peripheral segments have regenerated sufficiently to permit re-avulsion.

Alcohol injection of the peripheral branches was first described by Petres and Verger in 1902 and by Schlosser in 1903. Since that time it has been modified to a slight degree by Patrick. In 1914 Hartley described a technique for injection of the ganglion. The alcohol is injected into the peripheral divisions at their foramina of exit. This treatment is definitely indicated as, in a certain group of cases, it affords temporary relief and, in some few, relief has been obtained for several years. In the early cases, it is probably good judgment to give one or two alcohol injections. In those cases where the operative risk is great and in the aged, alcohol injection is undoubtedly the method of choice. It is true that each successive alcohol injection affords a shorter period of relief, and it is also true that, even in the hands of the most expert, it is only possible to hit the nerve in 60 per cent. of the cases on the first trial, so that the attempts must be often repeated.

The first radical operation was performed by Rose in 1890. He removed the gasserion ganglion by approaching it through the floor of the middle fossa. Because of the many complications in the way of bleeding and paralysis of the neighboring nerves, he was compelled to abandon the procedure. In 1898 Hutchinson advised partial resection of the ganglion. He removed the outer two-thirds, including the second and third branches, thus saving the ophthalmic division and preventing complications in the eye. This operation will relieve patients with involvement of the second and third branches, but does not relieve those who have involvement of the ophthalmic division and, further, the removal of the ganglion from its bed is attended with very serious hemorrhage. In 1898 Spiller suggested the division of the posterior root, a procedure known as "physiological extirpation." In 1900 and 1901 Frazier and Spiller carried out a series of experiments demonstrating that regeneration does not take place if the posterior root is divided and in 1918 Frazier reported a series of cases in which successful results had been obtained by the division of the posterior root.

The complications attending the various ganglion operations have been serious hemorrhages, paralysis of the oculomotor, trochlear and abducent nerves, occasional paralysis of the frontal branch of the facial nerve, and ulcerative keratitis. The bleeding has been due to inability to control the venous hemorrhage and occasional injury to the middle meningeal artery. But as better exposure of the ganglion is now possible by means of the retractor equipped with light, hemorrhage is rarely a serious obstacle. Frazier has called attention to the advantages of using small pledgets of cotton both to elevate the dura and to control the venous hemorrhage on the floor of the middle fossa. The middle meningeal artery can be tied or the foramen spinosum plugged with wax. The paralysis of the third, fourth and sixth nerves is avoided by use of the ganglion retractor which keeps the dura on tension and does not rest on the cavernous sinus or the ocular nerves. Injury to the frontal branch of the seventh nerve may be avoided by using Frazier's incision or, better still, by using a straight incision as is used in making subtemporal decompression. Paralysis of the facial nerve has been an occasional complication. This is probably due to the fact that the dura is stripped from the petrous portion of the temporal bone or to the fact that blood occasionally works its way into the Fallopian aqueduct, thereby making pressure on the nerve. Since it has been the practice to cut the posterior root rather than avulse it, seventh nerve paralysis has been a very infrequent occurrence.

#### OPERATION.

The patient is placed in a semi-erect position. The selection of a suitable incision is an important consideration since it is necessary to preserve the upper branch of the facial nerve supplying the muscles of the brow. In 1891, Hartley, who did much for the advancement of cranial surgery in this country, advocated turning an osteoplastic flap with its base at the level of the zygoma. Since that time it has been found unnecessary to make a bone flap and, further, in this operation the branch of the facial nerve supplying the occipito frontalis muscle was often injured. Cushing modified this incision by shortening its anterior limb in

an effort to avoid this complication. Later Frazier suggested a question mark incision in the scalp entirely within the hair line. He turns a flap in the scalp and then another in the fascia in the opposite direction from that in the scalp. He does not turn a flap in the bone, but makes an opening as is made in ordinary subtemporal decompression. At first he temporarily resected the zygoma, but this also has been found unnecessary. About a year and a half ago, the writer suggested the use of a straight incision beginning about three inches above the zygoma and extending about a half inch below it. The fascia and muscles are incised in a similar manner. At the lower angle of the wound, the fascia is incised at right angles on each side of the vertical incision, in order to give better exposure. This incision has several advantages over those mentioned above. It can be rapidly made and quickly repaired. It gives ample exposure and is situated sufficiently far back to preclude the possibility of injury to the facial nerve. It is entirely within the hair line. It has been used with entire satisfaction at the Mayo Clinic for the past year and a half. A subtemporal decompression is made, an area of bone about 3 cm. by 3 cm. being removed. The dura is gently elevated from the middle fossa until the middle meningeal artery is reached. This can be ligated in about 80 per cent. of the cases. In the remainder, it will be found necessary to plug the foramen spinosum with wax. The dissection is then carried posteriorly and upward, exposing only the posterior margin of the ganglion. It is well to expose as little of the ganglion as possible, thereby avoiding troublesome hemorrhage. The dura propria covering the ganglion and posterior root is now incised. A hook equipped with a guillotine knife is placed over the root and the latter is cut, thereby avoiding trauma to the surrounding structures. The fibres of the posterior root just above the ganglion are turned down over the ganglion and the posterior fibres are pushed back into the middle fossa, and a small piece of muscle is inserted in the opening in the dura as a plug to prevent loss of cerebro-spinal fluid. To control the oozing in the neighborhood of the ganglion, it is frequently necessary to use a small gauze pack, which can be removed about the third day. The muscle and fascia are closed with chromic

catgut No. 1, and the skin with interrupted silk sutures. The patient usually leaves the hospital in from seven to ten days.

When we consider that deep alcohol injection is the only other means that offers relief, and this only temporarily; and that with each succeeding injection the period of relief becomes shorter, until the victims become morphia habitues, unable to work and, in many cases, unable to eat, their plight is indeed pitiable, and it has been estimated that 20 per cent. of them take their own lives. Submission to the radical operation means permanent cure. I have told you that in a series of ninety-five, four died, two from hemorrhage and two from infection, both avoidable complications. One-half of the face is numb, a condition to which the patient soon becomes accustomed and of which he rarely complains. Because of anesthesia of the eye-ball, he must protect the eye with goggles when in the wind and dust.

#### CONCLUSIONS.

1. Division of the posterior root is a sure and permanent cure for trifacial neuralgia.
2. In the hands of competent surgeons, the mortality from this operation should be no greater than from any other major surgical procedure.
3. Alcohol injection is the best palliative measure but its effects are only of short duration and must be repeated often. Rarely is a cure effected by this means. It subjects the patient to long continued and unnecessary pain, since he will eventually be forced to submit to the radical operation.

#### ADDRESS OF THE RETIRING PRESIDENT OF THE KENT COUNTY MEDICAL SOCIETY.\*

FRANK BAILEY SMITH, M. D.,  
Washington, R. I.

FADS! FADS IN MEDICINE!

Gentlemen I have for my subject Fads; Physicians Fads in Medicine. In the early Seventies, torpid liver and valvular disease of the heart were the principal ailments of the adult.

\*Read at the annual meeting of the Kent County Medical Society, at Noose Neck Inn, December 16, 1920.



The treatment consisted of a few but sure cure remedies, viz: Compound cathartics and dilute carbolic acid and olive oil injections for the one and fluidext digitalis and iodide of potassium for the other. The next fads were diphtheria and membranous croup; almost any sore throat was one or the other; this of course was before they were called one and the same. The fashionable treatment was chlorate potash and iodide of potassium for the one and muriated fluid of iron for the other, and occasionally tracheotomy in severe cases.

Tic Douloureux, (Facial Neuralgia) or neuralgia of fifth pair of nerves was the next most fashionable complaint, with old or young, male or female. Treatment was hydrate of chloral;—sure cure.—“Cramp Colic,” was also very fashionable about this time. Treatment was the same as the other; hydrate of chloral of course because that was then the “Fad” remedy for everything; sure cure.

Distention of the transverse colon came in next. Treatment, listerine and quinine or cinchonidia, high injections of listerine and large doses of quinine if the temperature was high, to take down the fever; if the temperature was low, give larger doses to stimulate the heart action and increase the circulation.

Scrofula, a result of inherited syphilis or rheumatism from the same cause, became plentiful about this time. Treatment of course was iodide of potassium and comp. fluidext, sarsaparilla; sure cure till the next fad cure appeared.

If I remember correctly the next fad was peritonitis. Any and all abdominal pains were by the fadist called peritonitis and the treatment was hot fomentations and turpentine to carry off gas, and sulphate of morphine to relieve pain, the most sensible fad of the lot for the case.

About this time it was found necessary to put nearly every woman's uterus into a glass jar, which was the proper place for it; but when they found it shortened life, it was only recommended for those who desired no more children or actually had malignant disease.

The next fad for our surgeons was the removal of the ovaries, this would prevent tumors, large families and appendicitis which was fast becoming a fad. In fact I know one surgeon

who opened a hospital for *appendicitis cases only*, and made it his specialty and did a flourishing business for several years.

About the next fad was tuberculosis of the joints with the surgeon, and tabes mesenterica or consumption of the bowels with the general practitioner, if he happened to be a fadist. Treatment of course was to wash out the stomach by all means or be guilty of misdemeanor and neglectful of your patient, and give free doses of salicylic acid or soda according to amount of acid in the urine, and by all means use blue glass, (even keep your drugs in blue glass containers.) Put your patient at a blue glass window and let the sun shine through it upon liver for several hours every day, it would surely cure any ailment from an ingrowing nail to a bald head, from a ring worm to a tape worm. I never got so sick of any fad as I did of this. People put blue glass in their sleeping room; I suppose hoping the sun would shine nights or that the moon might have some effect.

Then came renal disorders and the buchu treatment. Buchu would cure nearly everything, it was the chief remedy in the materia medica advertised on every rock, barn and fence, it seemed almost ever lasting.

Then came ossification of the arteries. Hardened arteries was all the go, a perfect rage or fad. A physician who did not have a case of hardening of the arteries on hand was a back number. Of course I had such cases, in fact my own arteries began to harden as soon as I was born, probably began as soon as the valve of foramen ovale closed or the tying of the umbilical cord, but I am still alive.

Then came neuritis. Oh, my! what a fine disease; it fitted all hands and all places, pain in the head, finger or toe, back-ache, weak legs, swollen ankles, pain in the joints, any where, every where.

Patient consults specialist; neuritis in the eye, abdomen, leg, arm, chest, and especially in the spine. Treatment, anything that is new to the patient. Simple wash of boracic acid, massage externally and phenacetine or sulphanol internally, till the patient gets disgusted; then falls back upon electricity and finally decides it may be cavities of the teeth and must be sent to your favorite dentist as a last resort for the tooth fadist. Then comes adenoids for the fadist of

the fads. Everybody but myself should have an operation at once. Why, one cannot escape catching every disease flesh is heir to unless an operation is performed, and at once. It is now getting a little old, so the next fad is gall stones; any pain between the sternum and pubis is gall stone; treatment, operation at once. If you fail to find the stones, they passed into the intestine during anesthesia. If you find them, "What did I tell you?" You would have died immediately if operation had been postponed. What next?

Complications probably. Treatment, aspirin tablets, different colors, occasionally; open air; have your blood pressure taken after every day or two till you get tired of both treatment and expense.

Gentlemen, we are all more or less susceptible to fads. I am so obstinate that I do not push it as hard as many, but I am obliged to fall in line occasionally. But the latest fad I hardly think will get me; it is the yeast fad. I will now read what Dr. Hershberg, A. B., M. A., of New York said last month:

"Your mouth is probably the most important gateway of life. Through this entrance must pass the rations and drink necessary for the maintenance of growth and repair, as well as the sustenance required for energy, strength, health and productiveness. The pabulum you call table-stuff, meats and drink, are demanded to build up the daily wear and tear of the daily grind to give heat, power and muscular work, to grow skin, flesh, bone and brawn. As taught in old medical books, you may eat a lot of meat, eggs and beans in plenty and live a lingering, unproductive, chronic grumbling kind of existence. Why? Simply by virtue of the facts discovered by numerous scientific physicians, notably Professor McCallum of Johns Hopkins, Dr. Levine of Rockefeller Institute, Professor Casimer Funk and many others, that fats, sugars, oils, starches, meats, fish and eggs may be fed you in abundance, but you will be sickly, full of spleen and bitterness, chronic complaints and only average earning power, ready to succumb to the first epidemic or contagion or fever which assails you. In other words, eating like a glutton may not always save you from starvation. You may have all the viands of a Monte Cristo, nevertheless have beri-beri, scurvy, rickets, pellagra, aches, boils, pimples, carbuncles, black-

heads, diabetes, joint pains, which you love to call *rheumatism*. It is now conceded by all up-to-date physicians there is something lacking in your food and nourishment. The fact is, when you do not eat your fill three times a day of some fresh fish rich in soluble 'B' and fat soluble 'A,' foodstuffs better known as vitamins, you may feed up like a 'three-headed giant,' yet be a grouch, grumbler and ugly by nature and appearance and a weakling so far as health and vitality are concerned.

"Happily there is always at hand a simple, cheap, plain, every-day-and-Sunday-go-to-meeting food, viz., the yeast cake, which contains a liberal supply of vitamins. A fresh yeast cake is certainly an ideal food, if eaten freely, flavored or not, three times a day, before or with meals. In its composition are to be found mineral fertilizers for human use, vitamins, water soluble 'B' for sugars, starches and egg-white like stuff. Obviously if yeast is such a powerful aid to health as a remedy for the plagues of complexion blemishes, a superior treatment for malnutrition, marasmus, blotches, hives, blackheads, pimples, furuncles or boils, carbuncles or anthrax, undergrowth, slow teething, rickets, scurvy, bow-legs, knock-knees, pigeon toes, pellagra, arthritis, obesity, under-nourishment, anemia chlorosis, yeast in doses of a cake a day flavored with fruit juices or milk, have been found in some instances a magic or specific treatment. Official reports sent to medical societies and scientific organizations by such physicians as Philip B. Hawk of Jefferson Medical College, I. R. Klien of New York, M. Le Vine of Rockefeller Institute and others here and abroad, prove conclusively that yeast is not only harmless, but as essential as bread itself. Experiments carried on in research laboratories of the aforesaid institutions agree with the American Medical Association Journal of October 13, 1917, viz., 'that yeast survives a good while in man's stomach and multiplies and enters the intestines alive and helpful.' The American medical profession has really led the rest of the world in its advocacy of three cakes of yeast per day.

"French and English physicians are now following suit. Yeast, like herbs, fruits, moulds or vegetation, makes carbon, potash, phosphorus, oxygen and elements found also in growing things, which thrive, grow and reproduce their

kind. A cake of yeast contains thousands of these fungus plants, which help absorb the excess waste you do not need, at the same time yielding unto Caesar that which is Caesar's, to wit, health, vitamins, resistance to disease and vitality. It is also an excellent application directly as a paste or lotion for the removal of acne pustules, pimples, greasy skin, boils, furmales and various other blemishes and skin bacteria."

Medical men of an orthodox or conservative type seldom believe there is any medicine or remedy that is a specific for more than one sort of pathological condition; exceptions to this rule are few, but yeast seems to be the newer panacea. The beneficial influence of yeast and its exceedingly valuable value as a prophylactic or preventive remedy really makes it more precious than 'Cabbages and kings,' as Alice in Wonderland might say."

Gentlemen, we have camouflaged ourselves and the public too long: we have been obliged to drop the word camouflage, and I hope we will soon do away with fads. In all seriousness, we are too much given to them.

Let us become self-respecting co-workers for the good of our patients and our profession. Let us be dignified, not lofty; but level-headed, conscientious, moral men, who respect our profession and ourselves, remembering that we are working for those who are in trouble; let us be reasonably sympathetic for our patients and do our best for them, even when they seem unreasonable and try our nerves severely. If we are faithful, conscientious and do our part for them we have nothing to regret, whatever the outcome. Let us be careful when we give our diagnosis and not promise too much, and not always give the name of the remedies used, only when we think it best to do so. We cannot please everybody, but we can use everybody well and still respect ourselves and our profession. I have practiced fifty years, if I include my practice while a student before graduation. I have had many anxious days and nights. I have also had lots of pleasure in my business and have never regretted my choice of profession. I have done business for all classes, rich, poor, high, low, good, bad and all intermediate grades, and find all have some good traits and all have drawbacks. Some will go back on you without any known cause, and those whom you have done the most for will injure you all they possibly can, and in many instances will even lie

without any cause; but others will stand by you through thick and thin.

I recently had a letter from a nurse in Boston. She was a little girl when I last saw her, bright, cheerful and good. I treated her kindly and she remembered it. I have not seen her for nearly twenty years, but she remembers my kindness to her: she certainly can have no selfish interest whatsoever in writing me, but I certainly enjoyed reading her letter.

Years ago I was often called to treat the inmates of a certain roadhouse (or inn) till I became disgusted and gave it up. I usually gave them some good advice. One day a lady came into my office with a bright little boy, and she said, "You do not know me, do you?" I said, "No; but still you have a familiar look." She asked, "Don't you remember giving me some advice when I was at the roadhouse on the pike?" "Well," I said, "I gave so many of them advice that I cannot say that I do." "Well," said the woman, "You told me I was smart enough to get my living some other way and advised me to go home, confess and begin anew. I said, 'No, I cannot,' but upon consideration, knowing you were right, I did so. I have married not only a smart man, but a good one, and this is my little boy, and I have the best mother-in-law I ever saw. We live in the same house. I came all the way from Providence to-day to thank you for your advice. I think I would have been dead now, or, to say the least, would have been diseased and ruined long ago."

This girl was not beautiful, but sensible. This is not the only case of the kind. I have had others thank me for the same advice. I assure you it pays to be honest, even if inconvenient. I have practiced long enough, but what can I do? If I retire I fear I will become uneasy; I am not bidding for business now, but doing as little or much as I can consistently do and do it well. Long drives, night drives, obstetrics and cases that require constant attention and long delays I decline. To sum the matter up in a few words, I will say I am trying to enjoy myself as I go along, and that the country physician who practices fifty, or even forty, years who does his duty to his patients, pays his honest debts, does not oppress the poor and gives his "tenth" to the Lord (and all this I have tried to do) earns all the money he gets out of it, probably much more. Adieu.



## CYCLOPLEGIA IN REFRACTION.\*

DR. FRANK J. McCABE,

Providence, R. I.

In presenting this paper on Cycloplegia, I do not pretend to outline any new schemes or methods, but rather to appeal for more careful, thorough and intelligent work on the part of refractionists.

The word cycloplegia is taken from the Greek words *Küklos* Prnyí, meaning stroke or paralysis of the circular or ciliary muscle. There are other causes of paralysis of the ciliary muscle or if you choose, paralysis of accommodation, but this paper has to do only with that which is due to cycloplegia used for refraction purposes. The action of these drugs, when dropped into the conjunctival sac, is supposed to be by direct absorption, through the blood and lymph vessels at the corneo-scleral margin, into the iris and ciliary muscle, where the nerves and ganglia of these structures are immediately affected.

The theory of the mechanism of the accommodation advanced by Helmholtz and confirmed by Hess, Fischer, Voelckers and Hensen is, stated briefly, as follows: "The crystalline lens is an elastic body upon which traction is made in a radiating direction by the tension of the zonula which is attached to its margin and is therefore, somewhat contracted in the direction of its symmetric axis. . . . The radiating fibres of the ciliary muscle running in the direction of the meridian of the eye, which ends in the tissue of the choroid at the posterior end of the ciliary processes, draw forward the posterior extremity of the zonula which is firmly attached to the choroid at this place, and relax the tension exerted by the zonule upon the periphery of the lens, so that, in consequence, the lens contracts in the direction of its diameter and becomes thickened in the direction of its axis.

In other words, during the act of accommodation, the following changes take place in the eye: (1) The ciliary muscle contracts. (2) And by contracting, makes a smaller circle. (3) The tensor choroideae draws slightly on the choroid compressing somewhat, the vitreous, and these two sets of fibres, sphincter and meridional, act-

ing together, relax the ligament of the lens, with the result, that—(4) The lens fibres, no longer held in check, become relaxed, and by their own elasticity allow the lens to become more convex, especially on its anterior surface. (5) The anterior surface of the lens, being made more convex, approaches the cornea. (6) The posterior surface of the lens becomes slightly more convex, but retains its position at the pole. (7) The lens axis is lengthened, but the equatorial diameter diminishes, thus keeping up the uniform interval between the equator of the lens and the ciliary body. (8) The anterior chamber becomes slightly more shallow at the centre and deeper in the periphery, and (9) The iris contracts.

Having thus reviewed the part played by the ciliary muscle in the accommodation, we conclude that asthenopia, as usually considered by oculists, means a disturbance in the functions of this muscle in an attempt to overcome the refractive error, of course, a disturbance of the function of the external muscles, should be considered. Since, during our waking hours, the accommodation is being constantly changed by the action of the ciliary muscle, it also follows, that the refractive condition is also constantly altered.

The question which is of importance is, how best to determine the refractive error and how best to overcome it, so as to best serve the suffering patient who comes to us for relief.

On most points connected with the practice of refraction, we are pretty much agreed. On some, notably on the question of the use or non-use of cycloplegics, there is still much difference of opinion. Some few hold, that it is sufficient to correct the manifest error, because this will often give relief from the symptoms. Others, and they are in the great majority, maintain that it is absolutely necessary to determine the static refractive condition before one can fairly form a judgment as to the glass to prescribe in each particular case.

Edward Jackson of Denver, says, "The use of a cycloplegic is necessary whenever it is desired to make a complete study and accurate measurement of the refraction in a patient under 50 years of age. Without it, the refraction can be guessed at, often correctly."

Alexander Duane states,—that in the great majority of cases, the refraction of the eye can

\* Read before the Rhode Island Ophthalmological and Otological Society, December 9, 1920.

not be determined with certainty without the use of cycloplegics. This statement applies to astigmatism as well as to hyperopia and to both more than it does to myopia. In making this statement, he says, "I would not for a moment be understood as underestimating the necessity of making a careful test of the eye in its natural condition. This, I myself, do invariably, and in a large number of cases, by so doing, arrive at the same result as under cycloplegic. But as I can never be sure in any given instance that this will be the case and as in some cases, in which I had reason to think that the results would be the same, they have turned out to be different, I feel that I must give myself and the patient the added certainty that the use of the cycloplegic affords. At the same time, I feel it necessary to make the most careful pre-cycloplegic test in order to see what the eye can do and what it will accept under natural conditions. By comparing the result with that obtained under the cycloplegic, I feel that I have full data on which to base a proper judgment as to the prescription to be given."

Gardner of Chicago, regarding the practice of eliminating the use of cycloplegics and of correcting the manifest error, said, that, in his opinion, 'it lacks the main elements of true scientific work. It is true,' he says, that it has received the conditional sanction of some of the great masters, but somehow, the sanction does not seem to harmonize with the precepts elsewhere given in their books. Again, he feels that the only things that can be said in its favor are that it pleases a certain class of people, by catering to their prejudice against the use of "drops," and that it is a quick and easy way of disposing of the case. But it should ever be borne in mind that in neglecting to ascertain the total error of refraction, the work is transferred to the field of conjecture. If the patient is 40 or more years of age, this field has become so limited, that one can fearlessly venture to estimate its boundaries, but in children and persons under 35 years, the manifest error gives no certain indication of what may remain latent.

In the moderate and high degrees of hypermetropia, the accommodation that masks the latent part of the error, taken in relation to the convergence necessary to maintain singular

binocular vision, is responsible for most of the disturbances that bring the patient to the oculist. Correction of the manifest hypermetropia simply lessens the struggle of accommodation and convergence by the amount in meter angles corresponding to the dioptric power of the lenses prescribed. Why the normal relations between these two functions should not be at once restored as far as they can be with glasses, is a question that the advocates of this method of refracting have never answered satisfactorily.

Pyle, of Philadelphia, always uses a cycloplegic in the examination of the refraction unless contra indicated by age or disease.

Stahlman, in a paper read before the Medical Society of the State of Pennsylvania, stated that in going over his year's records he found only 2½% manifest refractions that were not changed after cycloplegia was induced.

The above statements, in no uncertain way, favor the use of cycloplegics in refraction. I was unable to find here at the library an article or paper written by any recognized authority on ophthalmology who was opposed to the general plan of first determining the static refractive condition, although there are some who confess that they do more or less manifest refractions before the age of presbyopia.

Bishop Hannon wrote, that, "given unlimited time, much skill in handling children and in the use of the mirror, it is often possible to make a good retinoscopy without a cycloplegic; but the most experienced will agree, that, even under the best conditions, the results so obtained, are open to doubt."

The foregoing is largely a series of arguments in favor of the use of cycloplegics; it is now only fair to review the objections urged to the use of them, and I can do no better than to quote Duane,—in stating and replying to these objections, as follows:

(a) "A cycloplegic is useless, since the refraction can be determined sufficiently well without it. But this is contrary to my experience. In many and many a case, not only would I have failed to determine the full correction, but, what is more to the purpose, would have failed to determine the glass that gave the patient comfort, unless I had used the cycloplegic.

(b) The cycloplegic often fails to show the

true refraction. But, this again, I can not corroborate from my experience, if cycloplegics are used in the proper strength and if their action is checked by the accommodation tests in the usual manner. Once in a while the tests are contradictory or unsatisfactory under homatropine. This may be because the range of accommodation remains too high. We discover this fact from our accommodation tests. In such cases I use atropine. But this occurs quite exceptionally. In the great majority of cases, homatropine has proved itself in my experience, reliable, giving complete and satisfactory cycloplegia, although it may, at times, perhaps, fail to disclose a quarter of a diopter of hypermetropia.

(c) A cycloplegic is dangerous because it may produce an acute glaucoma. This has happened to me once in my entire experience. The danger, in fact, is about as great as that of being injured in a railroad accident. Furthermore, an eye which develops glaucoma under a cycloplegic, is an eye, which is going to develop glaucoma anyhow. It is not an unmixed evil then, if it develops it right before our eyes. We can usually control the increase of tension with eserine, or failing that, with a paracentesis and then do the iridectomy that such a case should in any event have.

(d) We do not prescribe the glass we find under a cycloplegic, so why use the latter? By using a cycloplegic, we have found the absolute static refraction of the eye. Whether we shall prescribe the glass which fully corrects this or not is a question to be determined by various considerations, but at all events, we have found the basic facts in the case, on which to build our result by such addition or subtraction as seems proper. We might as well say, "We are not going to give a presbyopic patient his distance glass to read with; why then find his distance glass at all?" But we know, that, even if we are not going to give a patient any distance glass, it is necessary to determine with accuracy and thoroughness the exact amount of error in each eye for distance, and then using this as a foundation, determine the added correction that the patient needs for near."

To me, it seems that the most potent reason why the oculist is dissuaded from determining the static refraction in all patients; except, of course, presbyopes, is, because of the prejudice,

real or fancied, which the patient has to the use of the so-called "drops," because some have asked me if the drops do not sometimes cause blindness. In such cases, I explain in as simple a way as possible why the drops are used and in very few instances have the patients remained prejudiced against the drops.

What is the basis of this fear of the cycloplegics? There have been cases reported, in which delirium, dermatitis, dryness of the throat, etc., followed these instillations, but the number has been but few and the symptoms have never been alarming so far as I have been able to learn. We, as physicians, know that certain persons have idiosyncrasies to certain drugs, therefore, we should expect that there are some who are susceptible to these as well as to other drugs. Personally, the only symptoms I have ever seen were a flushing of the skin and dryness of the throat.

#### BOOK REVIEW.

EXOPHTHALMIC GOITER AND ITS NONSURGICAL TREATMENT. By ISRAEL BRAM, M. D., Instructor in Clinical Medicine, Jefferson Medical College, Philadelphia, Pa.; Physician on Visiting Staff of Philadelphia General Hospital; Member of the Society for Study of Internal Secretions, etc. St. Louis:—C. V. Mosby Company, 1920.

The author very frankly states in his preface that the unusual part of the book is that dealing with the *non-surgical* treatment of the disease. The last 172 of the 400 pages are given to the discussion of this phase of the question and to illustrative case histories. The first part of the book, which deals with the anatomy and physiology of the thyroid and the pathogenesis, symptomatology and diagnosis of exophthalmus goiter, cannot be recommended conscientiously as an up-to-date treatise on the subject. The best of the recent work on thyroid disease is not fully described and many important phases of the subject are barely mentioned. There is too much quotation from other writers and too little clear-minded correlation of essential facts.

As to the author's ideas regarding non-surgical treatment, there will be found very few among the students of thyroid disease who will agree with him. Non-surgical treatment, as he describes it, includes well-known principles of rest,—mental and physical,—and psychotherapy, plus quinine hydrobromide and various other drugs, electrotherapy of various sorts, and local applications over the gland. The application of the Roentgen ray is mentioned. The case against surgery is but weakly argued and most of the statements are iconoclastic and unconvincing. On the whole the book is not to be recommended.

# THE RHODE ISLAND MEDICAL JOURNAL

Owned and Published by the Rhode Island Medical Society  
Issued Monthly under the direction of the Publication Committee

FREDERICK N. BROWN, M. D., *Editor*  
309 Olney Street, Providence, R. I.

W. A. RISK, M.D., *Business Manager*  
193 Waterman Street  
Providence, R. I.

BERTRAM H. BUXTON, M.D., *Asst. Business Manager*

ASA S. BRIGGS, M. D.  
ALEX M. BURGESS, M. D.  
JOHN E. DONLEY, M. D.  
ROLAND HAMMOND, M.D.  
J. W. LEECH, M. D.  
NORMAN M. MACLEOD, M. D.  
DENNETT L. RICHARDSON, M.D.  
F. T. ROGERS, M. D.  
BENJAMIN F. TEFFT, Jr., M.D.  
ALLEN A. WEEDEN, M. D.

*Associate  
Editors Committee on Publication*

FREDERICK N. BROWN, M.D., *Chairman*  
JOHN W. KEEFE, M. D.  
J. W. LEECH, M. D.  
JESSE E. MOWRY, M. D.  
F. T. ROGERS, M. D.

Editorial Correspondence, Books for Review and Exchanges should be addressed to the Editor; Advertising Correspondence to the Business Manager.

Advertising matter must be received by the 10th of the month preceding date of issue.

Advertising rates furnished upon application, to the business manager, W. A. Risk, M. D., 193 Waterman Street, Providence, R. I.

Reprints will be furnished at the following prices, providing a request for same is made at time proof is returned: 100, 4 pages without covers, \$6.00; each additional 100, \$1.00. 100, 8 pages, without covers, \$7.50; each additional 100, \$2.80; 100, with covers, \$12.00; each additional 100, \$4.80. 100, 16 pages, without covers, \$10.50; each additional 100, \$3.00; 100, with covers, \$16.00, each additional 100, \$5.50.

SUBSCRIPTION PRICE, \$2.00 PER ANNUM. SINGLE COPIES, 25 CENTS.

Entered at Providence, R. I. Post Office as Second-class Matter.

## RHODE ISLAND MEDICAL SOCIETY

Meets the first Thursday in September, December, March and June

JESSE E. MOWRY	<i>President</i>	Providence
GEORGE S. MATHEWS	<i>1st Vice-President</i>	Providence
JAMES W. LEECH	<i>Secretary</i>	Providence
HENRY J. HOYE	<i>Treasurer</i>	Providence

### DISTRICT SOCIETIES

#### KENT

Meets the second Thursday in each month

J. F. ARCHAMBAULT	<i>President</i>	Arctic
DANIEL S. HARROP	<i>Secretary</i>	Riverpoint

#### NEWPORT

Meets the third Thursday in each month

A. F. SQUIRE	<i>President</i>	Newport
A. CHACE SANFORD	<i>Secretary</i>	Newport

**R. I. Ophthalmological and Otological Society**—2d Thursday—October, December, February, April and Annual at call of President  
Dr. A. A. Fisher, President; Dr. J. L. Dowling, Secretary-Treasurer.

#### PAWTUCKET

Meets the third Thursday in each month excepting July and August

E. J. MATHEWSON	<i>President</i>	Pawtucket
CONRAD E. THIBODEAU	<i>Secretary</i>	Pawtucket

#### PROVIDENCE

Meets the first Monday in each month excepting July, August and September

FRANK T. FULTON,	<i>President</i>	Providence
P. P. CHASE	<i>Secretary</i>	Providence

#### WASHINGTON

Meets the second Thursday in January, April, July and October

PATRICK J. MANNING	<i>President</i>	Wickford
W. A. HILLARD	<i>Secretary</i>	Westerly

#### WOONSOCKET

Meets the second Thursday in each month excepting July and August

ROBERT G. REED	<i>President</i>	Woonsocket
THOMAS F. BAXTER	<i>Secretary</i>	Woonsocket

## EDITORIALS

### "LAFAYETTE, NOUS VOICI."

The famous speech of General Pershing,—  
"Lafayette, we are here"—a model of force and brevity, and filled with promise for the future, stamped the speaker as a man of actions, not of words. If true of the soldier, what of the doctor? The writer remembers hearing a colleague, called upon for an address at a non-medical meeting, avow that as a doctor he was by profession a man of deeds and no speaker—but lacking the rare judgment of the general he

proceeded at some length to demonstrate the truth of the latter half of his assertion.

The profession is justly proud of those of its members who have achieved success in the field of literature—John Locke, Sir Thomas Brown, S. Weir Mitchell, Sir William Osler and many others. But is it sufficiently ashamed of the apparent illiteracy, the awkwardness and puerility and the carelessness expressed in the writings and addresses of a large and, we dread to say, an increasing percentage of its rank and file? Do we wish to relinquish our claim to being one of the learned professions? It is true that we cannot all be literary men of the



first order, nor can we all discuss literature and the classics with the most erudite of our patients; but we can all, we trust, by a little earnest effort, learn to express ourselves with an approximation of what "unity, coherence and force" upon which our teachers of rhetoric were wont to insist. Think of the fate of the average original article which we contribute to our medical journals if it fell into their merciless hands!

Is it not too bad that a course in the preparation of medical papers and addresses is not included in the modern medical school curriculum? "Lafayette nous voici." When the general said that he *stopped*. How many men at our medical meetings know how to stop? How often a man rises in discussion with but one small idea to contribute, and after a lengthy preamble of nothing in particular and endless repetition of his one idea in various aspects, concealed in weak sentences beginning, "I think" or "It seems to me", sits down ten minutes after his long-suffering colleagues have forgotten what it was he rose to talk about.

As to original articles and addresses, is it too much to ask of a man that he try so to condense and correlate the ideas, that he may deliver them forcefully, concisely and sufficiently completely in a half hour? Few of his hearers will follow him beyond that point, whatever the nature of his subject matter.

#### PRESCRIBING BY NURSES.

The State Board of Health should exercise a more stringent scrutiny of the activities of nurses employed in industrial plants. No one would question the value of the nurse in attending to the minor injuries sustained by workmen in our industrial plants, but beyond this she should not be allowed to exercise her prerogative.

It has come to our attention that a nurse employed in one of the large industrial plants in this State wrote a prescription for an external wash and gave it to a workman telling him to get it filled at a drug store. The druggist refused to fill the prescription because it was not written by a physician, but he also noted that the prescription called for the drug to be used in a strength twice as strong as ordinarily used, and such as might produce a burn on the skin. When the workman returned to the nurse with the story that he could not obtain the pres-

cription, he was ridiculed and the druggist came in for a share of the nurse's rancor.

Such a patent violation of the Medical Practice Act calls for action on the part of the Board charged with the enforcement of this Act. Unless this Act is strictly enforced we may expect a serious and lamentable accident which will call forth much deserved criticism.

#### TUBERCULOSIS IN RHODE ISLAND.

Professor C. E. A. Winslow, Professor of Public Health of Yale Medical School has recently made a tuberculosis survey of the State under the auspices of the Rhode Island Tuberculosis Association. The results of this investigation has been printed and should be read by every physician in the State.

The report points out that the death rate from tuberculosis (all forms) is much higher than it should be. The number of deaths in the State exceed by 20 per 100,000 population the rate for the registration area of the United States. More concretely there are 120 more deaths here than there would be if the rate here was as low as it is among 75,000,000 of the population of the United States.

The actual number of cases of tuberculosis in the State is more than 6,000, more than 2,400 of which are in Providence. Yet during the past nine years for every 118 deaths there were reported to the State Board of Health only 100 cases.

It is quite evident from the report that while the number of hospital beds for tuberculosis patients here is fairly adequate, they are not being fully utilized, about one-third of the beds are empty.

There are tables to show that the percentage of incipient cases sent to the State Sanatorium is only 5% while in one Connecticut Sanatorium 22% are incipient. It naturally follows that the percent of arrested cases discharged from the Sanatorium is much smaller.

While Providence possesses the best anti-tuberculosis program the death rate is higher than any where else in the State. This high rate is partly explained by the composition of the population, its crowding, and many industrial establishments yet it is quite evident that the problem is far from being properly solved.

The provision of special physicians, nursing, adequate financial help, education and other preventive measures must be more generous and better organized. There can be no question of this, yet this will fall short of desired results unless the physicians of the State back them up and cooperate in every way.

It is usually the general practitioner who first sees the patient and it is quite evident they are not diagnosing tuberculosis (pulmonary) early enough. Too much reliance is placed on a positive sputum for diagnosis. When such a report is obtained it is probably too late to expect the disease to be arrested. One examination of a patient is not enough and if you are in doubt don't hesitate to call in the help of a fellow practitioner or a clinic physician. When a patient consults a physician for symptoms which might suggest tuberculosis, and early diagnosis may have to be based largely on symptoms, it is not enough to tell him that he has not tuberculosis, he should be given a proper explanation or diagnosis. By taking this attitude physicians will make fewer mistakes. Will you help in this campaign against a disease which is the cause of more than 10% of the deaths in this State.

#### PHYSICAL REMEDIES.

A great deal has been written recently about physical remedies, and the work done in the army during and since the war more than bears out the importance of their use. Men who came into the hospitals with joints stiffened from prolonged splinting during transportation from the other side, and from various other causes, were almost invariably cured in from four to six weeks by some form of heat, either whirlpool or other baths, or radiant heat, followed by massage and mobilization. Of course there were exceptions. Where the joints had become too firmly ankylosed there were failures, but it was surprising to see what could be done with an apparently hopeless joint.

The young women who were trained to do the work were exceptionally intelligent and efficient, and their training and ability was remarkable. The interest they displayed in their work was one of the most pleasing features of army life. They treated from ten to fifteen cases a day, and it is hard work both mentally and physically.

Electricity entered into the treatment to some extent though it was used mostly for diagnostic purposes.

Some very ingenious pieces of apparatus were made for purposes of mobilization, by the patients themselves in the curative work-shop, and by the enlisted personnel of the Medical Detachment. Apparatus was also made in the same manner for measuring progress in the range of motion.

The Base Hospital in which much of this was observed was not intended originally to take care of this class of work, and as the overseas wounded arrived daily in numbers of a hundred or two for several weeks, and consisted largely of bone injuries, the apparatus had to be improvised.

It only went to show what could be done in an emergency, and the lesson it taught, applied to similar work in civil life.

The value of physical remedies is to-day recognized by the majority of surgeons, and by many of the insurance companies. Many of the latter having well equipped rooms where the treatment is carried out by a nurse or some other person trained to do the work, such as the "Physical Aides" we had in the army. The work of course, being carried out under the supervision of a surgeon. On the other hand there are still many men who do not realize that their responsibility does not end with the reduction of a fracture.

Though injuries only have been alluded to, the same principles apply to convalescence from disease, such as cardiac cases, and many other conditions too obvious to mention.

#### VACCINATION.

Preventive medicine was given a great impetus when inoculation with pus taken from a small-pox pustule, was introduced beneath the epidermis, as a protection against infection of small-pox.

The work of Edward Jenner, M. D., of England, in 1798, first made known and showed the value of vaccination and from that time on vaccination was extensively used in all countries. He was at first ridiculed, but later was allowed to practice in a hospital. In a few years France and America recognized the value of this prevention from infection and adopted its use.

The old form of vaccination was the "arm to arm" kind, the scab resulting from a vaccine vesicle of a healthy child was used. This could be readily procured and kept a long time. The humanized lymph is preferred by some. The lymph is taken from a true vesicle from the fifth to the seventh day of its development. Both above methods have their drawbacks inasmuch as infection of the vaccine and at times the source being from diseased persons.

The method of securing vaccine virus now is from farms where cows are kept in a healthy state, all precautions against disease being taken and the inoculation of small-pox into them with resulting vaccinia or cow-pox and lymph from typical vesicles is put into sterile glass tubes or ivory points are dipped and dried. This virus must be kept cold and as fresh as possible and used within a few weeks.

All vaccination should be done under aseptic condition. If the arm is the site chosen, it should be dressed by bandaging lightly so as to be easily removed for inspection and cleansing with a mild antiseptic solution or dry powder.

Vaccination can be done on infants a few weeks old, but unless small-pox is prevalent, better wait two to three years. Children of school age should be inoculated before going to school. Revaccination should be performed at puberty or at any time if small-pox is liable or has become epidemic.

Complications are rare and not serious as a rule. Some skin affections should cause one to defer vaccination until cured or improved.

No one should refuse if they understand the immunity given by vaccination.

It is common that certain parents of school children refuse vaccination, which if they were permitted, and large numbers were not vaccinated, we would in time of epidemic find whole families wiped out of existence by this dreadful disease. Centuries ago China had its deadly experience of small-pox epidemics. Vaccination was its prevention.

A partial extract of our general laws, Chapter 65, Section 14, "No person shall be permitted to attend public school in this State without furnishing a certificate from some practicing physician of being properly vaccinated as a pro-

tection from small-pox. The teacher to keep a record of same.

"Section 15. Fine of fifty dollars or imprisonment not exceeding thirty days for violation of this chapter."

#### PERSONAL—"TO EVERY PHYSICIAN IN RHODE ISLAND."

The Rhode Island Medical Journal to-day is in need of just one thing, and that is—your interest. It is thriving financially, it is well gotten up, and there is, I believe, a real need for it. There should be on your desk, first of all, two journals, i. e., the Journal of the American Medical Association and your Rhode Island Medical Journal. After these, all the special journals you may be interested to read. To illustrate, I see before me a picture of a beautiful boy aged five years. He is smiling, fat and happy. Why, because his mother took the picture herself. At the far end of the room is another picture of the same boy. It is in an elaborate gilt frame and bears the name of a popular and very expensive photographer. The one has not very much artistic value, there are no high lights in the eyes, there is no attempt at a formal pose; the other is properly executed in every detail, but the first is the picture that stands on the mother's desk.

So with the two journals. The Journal of the American Medical Association is the formal and foremost journal of the day and you can not possibly afford to be without it, but your state journal is also important. It should be of even more interest to you for it should give you news of your own brother practitioners whose problems and joys are much the same as your own. There should be in it a certain friendly intimacy that you would not expect in a national publication. In other words it should correspond to the home-made picture.

How accomplish this result? By individual endeavor—Insist that a goodly number of papers in your County Society, or local club, be by the members themselves, then have it understood that they go to the State Journal. Send the editor clippings and jokes to put in his "Aether and Lavender" department; news of deaths, births, marriages and a thousand items of interest, and above all send reports of cases for the Clinical Department. If these case reports

were coming in from all over the state, the chances are ten to one that your State Journal would be the first opened of all your journals.

The editor ought to be flooded with manuscript and his editorship should be one series of delightful sessions in getting the material together. As it is—perhaps it is more like the nether region which has been described as a place of high temperature and low spirits. The journal wants your interest and the way to get your interest is to get you to help. Will you? The last argument you could put forward would be that you are too busy. The answer is; Go to your State Medical Library and get a book called "The Life and Letters of Dr. Nathan Smith", and then read it.

### SOCIETY MEETINGS

#### PROVIDENCE MEDICAL ASSOCIATION.

December 6, 1920.

The regular monthly meeting of the Providence Medical Association was called to order by President D. L. Richardson in the Rhode Island Medical Library on December 6, 1920, at 8:55 p. m.

The records of the previous meeting were read and approved.

The applications of Drs. Vernon E. Babington, Benjamin H. Abraham, Joseph B. Webber, and Vincent G. Oddo having been approved by the Standing Committee, it was voted that the By-Laws be suspended and the Secretary instructed to cast one ballot for all four applicants.

Lester A. Rounds, Ph.D., having been approved by the Standing Committee as an honorary member, was elected by unanimous consent.

A communication from Dr. Arthur H. Harrington was read, calling to the attention of the members the Mental Hygiene Sessions of the State Conference and Social Welfare to be held in the Medical Library on December 9, 1920, at 8 p. m.

In accordance with Article I, Section 6, of the By-Laws, the Standing Committee presented the following nominations for Officers and Committees for the year 1921.

*President*—Frank T. Fulton, M. D.

*Vice-President*—N. Darrell Harvey, M. D.

*Secretary*—Peter P. Chase, M. D.

*Treasurer*—Charles T. Deacon, M. D.

*Member of Standing Committee for Five years*—D. L. Richardson, M. D.

*Trustee for the Medical Library Building for One Year*—A. T. Jones, M. D.

*Reading Room Committee*—George S. Mathews, M. D., M. B. Milan, M. D.

*Counsellor for Two Years*—Roland Hammond, M. D.

*Delegates to the House of Delegates of the Rhode Island Medical Society*—William Hindle, M. D., Albert H. Miller, M. D., Frederick N. Brown, M. D., H. G. Calder, M. D., J. A. McKenna, M. D., F. G. Phillips, M. D., George T. Spicer, M. D., C. A. McDonald, M. D., J. C. Cooney, M. D., W. A. Risk, M. D., George A. Matteson, M. D., J. E. Donley, M. D., J. B. Ferguson, M. D., H. E. Harris, M. D., B. H. Buxton, M. D.

Dr. Charles O. Cooke reported four cases of intestinal obstruction; one due to cancer of the lower end of the sigmoid, another due to hernial constriction of the small intestine, another due to constriction of the small intestine with an omental band, and the last due to intussusception of small intestine through the ileocecal valve into the cecum.

The first paper of the evening, entitled "Hydronephrosis as a Gynecological Problem with Remarks Regarding the Influence of Nephrectomy Upon a Subsequent Pregnancy," was read by Arthur H. Morse, M. D., Professor of Obstetrics and Gynecology at Yale Medical School. Lantern slides were shown of the psychological changes undergone in the kidney. Dr. Edward S. Brackett opened the discussion and Dr. Morse closed it.

The second paper of the evening, entitled "Radical Treatment of Trifacial Neuralgia," was read by Frank McEvoy, M. D., and illustrated by lantern slides. Many points in the surgical technique of Gasserian Ganglion removal were stressed and the subject thoroughly considered. Drs. Lucius Kingman, H. B. Sanborn, C. A. McDonald and J. W. Keefe carried on the discussion which was closed by Dr. McEvoy.



The meeting adjourned on a motion by Dr. William R. White at 10:40 p. m.

Attendance: 102 members and 7 guests. Collation was served.

Respectfully submitted,

RAYMOND G. BUGBEE, M. D.,

Secretary.

January 3, 1921.

The annual meeting of the Providence Medical Association was called to order by President D. L. Richardson in the Rhode Island Medical Library on January 3, 1921, at 9:10 P. M.

The records of the previous meeting were read and approved. The report of the Secretary was read and it was voted that it be received and placed on file. The report of the Treasurer was accepted and placed on file. The report of the Standing Committee was received and placed on file. The report of the Reading Room Committee was received and placed on file.

The President's annual address entitled "The Future Treatment of Disease" was read by Dr. D. L. Richardson.

Following the President's annual address a motion was made and seconded that the Secretary be instructed to cast one ballot for the election of officers and committees as nominated. Motion passed and the following officers and committees were elected for the ensuing year: President, Frank T. Fulton, M. D.; Vice President, N. Darrel Harvey, M. D.; Secretary, Peter P. Chase, M. D.; Treasurer, Charles F. Deacon, M. D.; Member of Standing Committee for five years, D. L. Richardson, M. D.; Trustee of the Rhode Island Medical Library Building for one year, A. T. Jones, M. D.; Reading Room Committee, G. S. Mathews, M. D.; M. B. Milan, M. D.; H. A. Cooke, M. D.; Counsellor for two years, Roland Hammond, M. D.; Delegates to the House of Delegates of Rhode Island Medical Society, William Hindle, M. D.; Albert H. Miller, M. D.; Frederick N. Brown, M. D.; H. G. Calder, M. D.; J. B. McKenna, M. D.; F. G. Phillips, M. D.; George T. Spicer, M. D.; C. A. MacDonald, M. D.; J. P. Cooney, M. D.; W. A. Risk, M. D.; George A. Matteson, M. D.; J. E. Donley, M. D.; J. B. Ferguson, M. D.; H. E. Harris, M. D.; B. H. Buxton, M. D.

Dr. Fulton was escorted to the chair by Drs. DeWolf and Peters.

Dr. Fulton announced that Collation and Publicity Committees would be appointed at the next meeting. Motion passed endorsing petition to the City Council in favor of increasing the amount to be paid to poor and needy families by the Overseer of the Poor up to \$2.00 per capita per week.

The report of the Standing Committee approving for membership Drs. George E. Reynolds, Frank R. McEvoy, Daniel L. Morrissey, Jerome J. McCaffrey and Abe Arthur Brown was read, and by vote the By-Laws were suspended and the Secretary was ordered to cast a ballot for the election of each and everyone of these applicants. Motion passed approving the appropriation of \$175.00 for the Reading Room Committee. It was voted that dues for 1921 be set at \$4.00, also to appropriate the sum of \$300.00 for the use of the Medical Library for 1920. The President announced that a committee to draw up a memorial on the death of Dr. McCaw would be appointed later. There being no further business Dr. B. B. Vincent Lyon of Philadelphia gave an address on "A New Surgical Method of Drainage of the Biliary Tract as an Aid in Diagnosis and Treatment of Gall Bladder Disease" which was an informal presentation of the subject of diagnosis and treatment of certain conditions of the biliary tract by means of the duodenal tube. The discussion was opened by Dr. Halsey DeWolf and continued by Drs. J. W. Keefe and C. O. Cooke. Dr. Lyon closed the discussion.

The meeting adjourned at 12 P. M. Attendance—Seventy-five members and four guests. Collation was served.

Respectfully submitted,

RAYMOND G. BUGBEE, M. D.,

Secretary.

#### RHODE ISLAND MEDICAL SOCIETY

There will be a meeting of the "Section in Medicine" of the R. I. Medical Society, at the Medical Library, Francis Street, Tuesday, March 22, at 8:45 P. M. A member of the staff of Harvard will be the speaker of the evening. This will be the Annual Meeting with an election of officers.

Section in Medicine meets the 4th Tuesday of each month.

D. FRANK GRAY, M. D., *Chairman*,  
142 Broad Street, Providence, R. I.  
CREIGHTON W. SKELTON, M. D., *Secy-Treas.*,  
266 Broad Street, Providence, R. I.

#### WASHINGTON COUNTY MEDICAL SOCIETY.

Annual meeting at Colonial Club, Thursday, January 13, 1921, at 11 a. m., Paper: "Disease of the Gall Bladder,"—Dr. Ehilomin of Fall River.

W. A. HILLARD, M. D.,  
*Secretary, Westerly, R. I.*

### HOSPITALS

#### RHODE ISLAND HOSPITAL.

Dr. Walter O'Keefe has been appointed externe to the Medical Out Patient Department.

The new Dental Treatment, Out-Patient Department has been started under the direction of Dr. Albert L. Midgley and Dr. Ernest A. Charbonnel and the following men have been appointed externes in that department: Dr. Louis M. Forbes, Dr. William A. Greenleaf, Dr. J. B. LaFlamme, Dr. Raymond A. Lundgren, Dr. Ambrose H. Lynch, Dr. James F. Mitchell, Dr. Edward C. Morin, Dr. Eli Paquin, Dr. John J. Rouslin, Dr. Joseph Strecker.

NORMAN C. BAKER, M. D.,  
*Secy. Staff Association.*

The regular quarterly meeting of the Staff Association was held at the Hospital, January 10, 1921, at 8:30 p. m.

#### MEMORIAL HOSPITAL.

The Superintendent of the Memorial Hospital has announced that commencing December 30, 1920, regular weekly clinics in Surgery, Orthopedics, Medicine and the Specialties will be held Thursdays at 9 a. m. at the Hospital.

These clinics are open to the medical profession of the State and they are cordially invited to attend without further notice.

On December 30, 1920, operations were performed by Drs. Frederick V. Hussey and T. Edward Duffee.

On January 6, 1921, operations were performed by Dr. Arthur T. Jones.

The regular monthly meeting of the staff was held January 4, 1921, at 8:45 p. m., Dr. John A. Remington, President of the Staff Association, in the chair. Cases treated during the past month were reviewed by the Staff, and routine business transacted.

The regular monthly meeting of the Staff Association was held at the Hospital, February 3, 1921 at 8:45 P. M.

Reports of cases treated in the various departments during the past month were received and routine business transacted.

#### ST. JOSEPH'S HOSPITAL.

Staff Conference, Friday, January 14, at 9 p. m., Out Patient building. All members are expected to attend these conferences.

GEO. F. JOHNSON,  
*Secretary.*

#### ST. JOSEPH'S HOSPITAL STAFF.

Regular Monthly Conference, Friday, February 11, at 9 p. m., Out Patient Building.

GEORGE F. JOHNSON, *Secretary.*

### ETHER AND LAVENDER

#### DISSERTATION ON BRAINS.

##### *Definition.*

- (1) The explanation of identity.
- (2) A culture media for the propagation of thought (of varied types;—sometimes it's science, sometimes it's money, sometimes it's yeast, but at all times the results seem to satisfy the owner.—Ed.)

Brains are a semi-solid gelatinous substance of about the consistency of a well cooked tapioca pudding, possessed by many and useful to most; anatomically situated in the top end of a man, the for'ard end of a cow and almost anywhere in a frog.

It abounds in convolutions, corrugations, humps, hubbles and creases and is set forth as the abode in which is locked reason, intelligence, morality, invention and sundry other tendencies, the incarceration being in some, so complete that

the escape of any of these is altogether defeated.

Of its conglomerate tenantry, the one that is conspicuously and perniciously active is the element ego, which is an exaggerated form of self-esteem and has upon scientific investigation proved to be due to the activities of a bewildered air bubble; said bubble is somewhat less active, however, since July 1, 1918, when the thirst department went on dead storage.

There is one thing that in greater or lesser degree is common to all brains, and upon it depends happiness, effort and the desire to live—the anchor in joy and the sunbeam in sorrow; typified by the greatest word in the English language,—HOPE—and upon the quality of brains depends whether life is a job or a privilege.

One of the most singular things about brains is that everyone is sure that he is the possessor of the best.

The difference between brains of the human variety and that of the lower animals is that one, by process of educational training has the power of continuity of thought and consecutive thinking; but this must, at times, be proven.

There is, furthermore, a great variety of brains. Some are well regulated and trained and have the capacity of unscrambling tangles, some are light and fluffy and some are soggy and some are dense and some are deliberate. The first belong to people whom we call "smart," the next get the same reputation by reason of mental agility, and the ability to detect snares; great thoughts no doubt, dart thru them, but meeting no resistance leave no trail. The next being alone capable of phonographing a stolid expression to the eyes endows the possessor with the look of a sage and he poses as a wise man. The deliberate always scores a bull's eye, but the dense is dentless in the maze of thought and is often the victim of mixed signals as illustrated in the following which took place in a court-room; the case was one of assault: "You say," said the attorney, "that you both saw and heard the blow struck—where did he hit him?" Ans.—"Right between the house and barn." "Is that so; what did it sound like?" "It sounded like a man looking 'into a winder,'" replied the muddled and honey-handed son of toil:

But to return to the classic: certain varieties of the bovine species are held by some perverted people to be edible, the belief probably being the primitive relic of cannabalistic usage, when they were cooked "*en casserole, au naturel*."

Now digest this: No man living can remember when folks didn't have brains.

#### HISTORICAL NOTE.

(Time ain't when brains wer'n't.)

#### SPECIALIST.

A man dashed into the doctor's office with blood dripping from his hand. "Oh! doctor help me, I've smashed my finger all to pieces." "Which finger is it?" asked the doctor. "This one," holding out the index finger. "Go to Dr. Blank two blocks further on, I am a middle finger specialist."

#### DIET.

"The trouble with you, Patrick, is that you don't eat enough animal food; change your diet somewhat and come back in a week." A week later. "Patrick you look worse than you did before; what yer been doing?" "Oh! It's that blasted animal food," said Pat, who drove a tip cart. "I could ate the corn and oats alright, but the chopped hay played h— with me gums."

### BOOK REVIEWS

THE FUNDAMENTALS OF HUMAN ANATOMY, Including Its Borderland Districts from the Viewpoint of the Practitioner. By MARSH PITZMAN, A. B., M. D., Professor of Anatomy in the Dental Department of Washington University, St. Louis: St. Louis, C. V. Mosby Co.

This book, the author says, is an attempt to teach anatomy from the point of view of the practitioner; not as a pure science. He points out that even the advocates of the other view usually touch on the function of muscles which is physiology, discuss rupture, which is pathology and branch out to a small extent in numerous other ways; and the newer anatomies bringing in all border line discussions have grown to the size of encyclopedias, which no intelligent individual ever reads through.

The author intends to "teach more by not attempting to teach too much," and when possible to introduce logic to take the place of memorizing. He has produced a comparatively short and easily readable anatomy, but one that is sketchy and elementary.

Many of us read Dicken's "Child's History of England" in our youth and enjoyed the anecdotes and cleverly narrated tales of the striking incidents in British History. But those who later took courses in history may question how much of the true significance they got from Dickens. Similarly a class of nurses might find it easier to get some anatomy from this book than from Gray, but a medical student in the dissecting room sorting out the structures of the axilla, or a surgeon trying to suture half a dozen severed tendons in an injured wrist would probably consider this book a very unsatisfactory help.

There are 343 pages with large type and good margins. The illustrations are of the most pronounced diagrammatic type. In comparison with them the pictures in our standard anatomies are of photographic accuracy. Most of the text deals with regional anatomy which is nearly all gross. The first 54 pages are a systemic anatomy, practically all histology. Then scattered through the book is considerable embryology. Occasionally surgical problems are considered as the proper opening of axillary abscesses, the pathology and treatment of ischiorectal abscess and fistula in ano, perineal tears and prolapse of the uterus, etc. All this shows that in considerably less space than one of the two volumes of Cunningham's Dissecting Manual the author has attempted to cover the essentials of Human Anatomy with its relationships. It can't be done. Such a pleasant homeopathic dose hasn't the required potency for grown-ups.

---

HYGIENE DENTAL AND GENERAL. By Clair Elsmere Turner, Assistant Professor of Biology and Public Health in the Massachusetts Institute of Technology; Assistant Professor of Hygiene in the Tufts College Medical and Dental Schools. With Chapters on Dental Hygiene and Oral Prophylaxis by William Rice, Dean, Tufts College Dental School. PP. 400. Price \$4.00. St. Louis: C. V. Mosby Company.

This book is written primarily for the dentist in order to give him a comprehensive and fundamental knowledge of general hygiene. It is a recognition of the new conception of dentistry—that it can no longer be concerned with the oral cavity alone, but must extend its interest, at least, to conditions of health and disease throughout the body. For this reason the dentist must be familiar with the principles of hygiene as related to the entire body. The book is comprehensive in scope, although compressed into a small volume. Each subject is adequately treated. The hygiene of the body is well discussed in several chapters with especial refer-

ence to dental hygiene. The wider aspects of communicable diseases, public health administration, food control, water supply, sewage disposal, school and industrial hygiene, ventilation and disinfection are reviewed in separate chapters. The book is carefully written, well illustrated, and can be read with profit by the intelligent part of the laity as well as by the medical and dental professions.

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN HEALTH AND DISEASE. By Alida Frances Pattee. Thirteenth Edition. PP. 502. A. F. Pattee, Publisher, Mount Vernon, N. Y., 1920.

Any text book which has passed through thirteen editions may fairly be said to have gained a deserved reputation among its particular clientele, and the present book is no exception. The present edition has been brought up to date by the incorporation of the latest researches in dietetics, and embraces the latest diets of leading physicians and hospitals. This text book for nurses contains several introductory chapters on the principles of nutrition and the preparation of food for the sick. Then follows an interesting collection of recipes which would delight the heart of a dietaries of hospitals and certain well known specialists in various diseases and disorders of nutrition. The diet in motherhood, infancy, youth, adolescence and old age are briefly touched upon. On the whole the diets in special disorders are well chosen and up to date. We note with regret that the diet in chronic rheumatism does not follow any recognized authority but contains the long discarded and age old dictum to avoid red meats. Exploded theories die hard. The book otherwise attractive is marred by the inclusion of a long series of advertisements of food products, shoes, water filters and abdominal binders. As a stimulus to popularity a pamphlet of State Board Requirements in Dietetics and State Board Examination Questions in Dietetics is given complimentary with each copy.

---

#### NOTICE.

Through the courtesy of a reliable authority we learn of a resolution passed by the Town Council of New Shoreham, asking assistance in securing a resident physician for that town. If our information is correct, there were three physicians there previous to the war, and report says that all did well. With a resident population of twelve hundred, very largely augmented during the summer months, one or two drug stores and practically no competition, it would seem well worth the while of some physician who is not already firmly established, to give this opportunity his consideration.